

PART B - FEE(S) TRANSMITTAL

O I P E
OCT 05 2006

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30505 7590 07/06/2006
LAW OFFICE OF MARK J. SPOLYAR
2200 CESAR CHAVEZ STREET
SUITE 8
SAN FRANCISCO, CA 94124
10/05/2006 AOSMANZ 00000033 10027429

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Anne O'Shea
 AMO:Shea
 October 5, 2006

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/027,429	12/19/2001	Robert James Bays	6527/53652	2725

TITLE OF INVENTION: METHODS, APPARATUSES AND SYSTEMS FACILITATING DEPLOYMENT, SUPPORT AND CONFIGURATION OF NETWORK ROUTING POLICIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAND, ROBERTA A	2616	370-238000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Mark J. Spolyar</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Proficient Networks, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

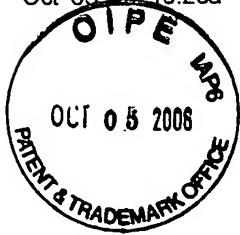
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Mark J. SpolyarDate October 5, 2006Typed or printed name MARK J. SPOLYARRegistration No. 42,164

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FACSIMILE TRANSMISSION

Date: October 5, 2006

To: Issue Fee Payments
 United States Patent & Trademark Office

Fax: 571-273-2885

From: Mark Spolyar

Number of Pages (including cover sheet): 3

RE: **Transmittal of Issue Fee Payment for Application No. 10/027,429
 filed 12/19/2001**

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

Facsimile Number: 571-273-2885

Date: October 5, 2006

I hereby certify that this correspondence, and the papers referred to herein, are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated above.

Anne M. O'Shea

 Anne M. O'Shea

Papers Included Herewith:

1. Fax Cover Sheet (1 page)
2. Fee Transmittal (1 page);
2. Credit Card Payment Form (1 page.)